

213047306
11134

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 018	Agency Case No. B3-114987	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1					
A/1	DATE OF ACCIDENT	12/13/2013		TIME OF ACCIDENT 2155		STATE USE ONLY 12/14/2013					
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2159	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO						
B	25	ROAD ON WHICH ACCIDENT OCCURRED		STREET/ HIGHWAY NO. N 10th - Military			LATITUDE				
C	4	DISTANCE FROM MILEPOST	FEET	N S E W	OF MILEPOST		HIGHWAY NO.	LONGITUDE			
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION							
V1/M	02	NAME OF INTERSECTING ROADWAY		NAME OF NEAREST STREET, BRIDGE, RAILROAD CROSSING							
V2/M	01	MILES		N S E W		OF NEAREST CITY OR TOWN					
E	2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO					
F	1	VEHICLE NO. 1									
V1/N	5	DRIVER LICENSE NO.	H12884708	STATE (Of License)	NE	SEX	<input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
V2/N	1	DRIVER JUANITA M HARGRAVES	PHONE 4024654604	LOCAL NO.							
G	2	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	06/10/1967						
H	5	OWNER JUANITA M HARGRAVES	PHONE 4024654604	LOCAL NO.							
V1/O	1	OWNER ADDRESS	CITY, STATE, ZIP	CITATION	<input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB408380					
V2/O	1	LICENSE PLATE PA NO. RRA429	YEAR 2014	STATE (Of Plate)	NE						
I	1	VEHICLE 2006	MAKE Dodge	MODEL SRX	BODY STYLE 4 door Sedan	COLOR gold	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$ 2500				
J	01	VEHICLE ID NO. (VIN)	1B3EL46X16N266133	INSURANCE COMPANY Geico							
K	03	TOWED TO	TOWED BY	POLICY NO. 4270325048							
L	1	VEHICLE NO. 2									
V1/P	1	DRIVER LICENSE NO.	H12784420	STATE (Of License)	NE	SEX	<input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
V2/P	1	DRIVER ANDREW J BENTON	PHONE 4026172614	LOCAL NO.							
J	01	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	07/31/1985						
V1/Q	4	OWNER ANDREW J BENTON	PHONE 4026172614	LOCAL NO.							
V2/Q	4	OWNER ADDRESS	CITY, STATE, ZIP	CITATION	<input type="radio"/> PENDING <input checked="" type="radio"/> NO	CITATION NO.					
K	03	LICENSE PLATE TE NO. SKI724	YEAR 2014	STATE (Of Plate)	NE						
L	03	VEHICLE 2007	MAKE Nissan	MODEL TXS	BODY STYLE Pickup truck	COLOR blue	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$ 1500				
M	03	VEHICLE ID NO. (VIN)	1N6BA06B27N204338	INSURANCE COMPANY Allstate							
N	03	TOWED TO	TOWED BY	POLICY NO. 985757018							
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX
VEH. # NAME ADDRESS						Seat Position	Eject	Body Region	Injury Sev.	Trans.	M F
LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME						EMS RUN REPORT NO.					
VEH. # NAME ADDRESS											
LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME						EMS RUN REPORT NO.					
VEH. # NAME ADDRESS											
LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME						EMS RUN REPORT NO.					

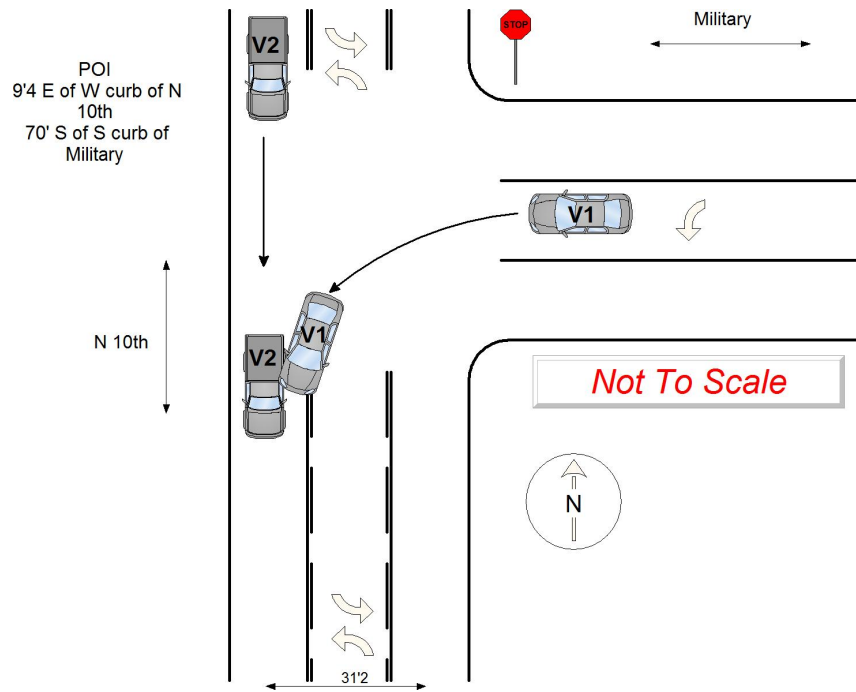
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B3-114987



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 stated she stopped for the stop sign at N 10th at EB Military. She did not see anyone coming and proceeded into the intersection. She then struck V2 which was SB on N 10th. She stated V2 'came out of nowhere' and thought he must have been speeding if she had not seen him. V2 stated he was SB on N 10th and observed traffic turning from Military in front of him. He began to slow and was going 30-35 MPH and still braking when V1 pulled into the intersection. He attempted to brake more but was unable to avoid collision. V2 had no traffic control devices. D2 denied that he was driving at excessive speeds.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	VEHICLE 1		VEHICLE 2								
1			X		Military										
2	X				N 10th										
1	06	06 Turning left			POINT OF IMPACT	02	POINT OF IMPACT	01	1 Deployed - front		1 None used - vehicle occupant		Driver No. 1		
2	01	07 Making U-turn			MOST DAMAGED AREA	02	MOST DAMAGED AREA	01	2 Deployed - side		2 Lap & shoulder belt used		Driver No. 2		
				08 Entering traffic lane						3 Deployed - both front/side		3 Shoulder belt only used		Pedestrian	
				09 Leaving traffic lane						4 Lap belt only used		4 Lap belt only used			
				10 Parked						5 Child safety seat used		5 Child safety seat used			
				11 Slowing or stopped in traffic						6 Child booster seat used		6 Child booster seat used			
				12 Other						7 DOT approved helmet used		7 DOT approved helmet used			
				13 Unknown						8 Costume helmet used		8 Costume helmet used			
										9 Restraint use unknown		9 Restraint use unknown			

OFFICER NO. 1599	TROOP/TEAM/BEAT 1	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Sara Genoways		INVESTIGATOR SIGNATURE Approved by Officer Sara Genoways	
DATE OF REPORT 12/14/2013			